

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 02/04/08 to 12/31/08
Committee I.D. Number	4. Candidate Last Name First Name
138016	Vaglica Stephen
1300 18	4a. Office Sought Including District # or Community Served (If applicable)
. Committee Name	Trustee
CTE Stephen Vaglica	4b. County of Residence Macomb
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
52134 Wembly ct, Shelby Township, MI	Same HACC
Area Code and Phone (586) 435-7018	CORD EB - 6 PM -
If the address in this box is different from the community mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the parimittee has a Designated Record keeper)
Same	
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·	
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	Coverage Year)
9a. Pre-Election OR 9b.	Post-Election 9c. Annual Statement (
FISCHESIANI STATE OF THE PROPERTY OF THE PROPE	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9 or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:	1
	General 9e. Dissolution of Candidate Committee
Primary	Effective Date of Dissolution
Convention	School 02/06/09
	By checking this item, I/We certify that the committee has no assets of cutstanding debts, including late filing fees. Further, I/We request the dissolution cannot be granted, that this be considered a request f
Date of Election, Convention or Caucus	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
	T lab and the Summary Page.
If any or the illimination have a contract an abound accomit	e all required Campaign Statements. The Campaign Statements must include all applicable expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. It is the present of Organization, an changed since the information was shown on the committee's Statement of Organization, an changed since the information was shown on the committee's Statement of Organization, an changed since the information was shown on the committee's Statement of Organization, an changed since the information of the received on or pany this Campaign Statement cannot be waived.
Defore the filling deadline of the self-reasonable diligence was	sused in the preparation of this statement and attached schedules (if any) and to the best of and complete.
Current Treasurer or Stephen Vaglica	Date
Designated Record keeper Type or Print Name	/Signatu/e
grant an Maglica	Date 02-06-09
Candidate Stephen Vaglica	Signature
Type or Print Name	Signiyano

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee I.D. Number 138016

SUMMARY PAGE

2. Committee Name Stephen Vaglica

SUMMARY PAGE	2. Committee Name Stephen Vagnos	
CANDIDATE COMMITTEE	Column I	Column II Cumulative this election cycle
CEPTS	This Period	Chuiniadae qua escaran al anciente
Contributions	(3a.) \$ 0.00	
a. Itemized (Schedule 1A - Column 6)	· _	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE \$0.00	(18.) \$ \$0.00
c, Subtotal of "Contributions"	(3c.) \$	(19.) \$ \$0.00
Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(20.) \$ \$0.00
. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$0.00	
N-KIND CONTRIBUTIONS & EXPENDITURES	ባር ሰዎ	(21.) \$ \$0.00
3. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(22.) \$ \$0.00
7. in-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(, -
EXPENDITURES		
3. Expenditures	(8a.) \$ <u>\$0.00</u>	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	-
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	-
c. Uniterrized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	(23.) \$ \$0.00
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	_
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		(24.) \$ \$0.00
(Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.)3
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
D. 0.104	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	 -
(Enter zero if no previous reporting period	(14.) + \$ \$0.00	
(Line 5. Total Contributions & Other Receipts)	(15.) = \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$ <u>\$0.00</u>	
15. SOBTOTAL Add lines 16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$ <u>\$0.00</u>	•
17. ENDING BALANCE (Subtract line 16 from line 15)		